



THE COMMONWEALTH OF MASSACHUSETTS  
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: 2/6/2012	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749
6. Name of Traveler(s): Sonja Farak		7. Title(s): Chemist II (unit 9)	8. Dates of Travel: 3/18/2012 - 3/23/2012	8.a Destination Dulles, VA
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee: Ms. Farak will be traveling to Dulles, VA March 18, 2012 through March 23, 2012 to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the Special Testing and Research Laboratory of the Drug enforcement Agency (DEA). The purpose of this seminar is to enhance Ms. Farak's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, and the chemistry related to the analysis of controlled substances.				
<input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: _____ Date: _____				

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rental			\$587.40	
Lodging:			\$82.71	
Meals:			\$304.00	
Other: (please list: Registration Fee			\$26.00	
Sub Totals:			\$1360.11	
Grand Total				\$1360.11

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:  
Eileen Lafleur - family, Albert Lafleur - family, Emily Pontes - family. All family members traveling with me will be paying for their expenses privately and separately.

12. Privately Subsidized Travel Information: Not Applicable ☒

Name of Contact Person:	Describe all activities offered and intent to participate:
Company:	
Address:	
Business Activity:	
Telephone Number:	Relationship Between Private Party and the Commonwealth:

13. Certifications and Authorizations

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.  
Signature of Traveler: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that sufficient funds are available for the above described travel accommodations. ☐ Delegation from Secretary granted.  
Signature of Department Head or Designee: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Disapproved ☐ Approved With Modifications ☐ Comments Attached

Signature of Cabinet Secretary: \_\_\_\_\_ Date: \_\_\_\_\_